



# JFW

WEMMH/SB/21 (4/03)

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/540.786
Filing Date	September 21, 2005
First Named Inventor	Andreas MELZER
Group Art Unit	3734
Examiner Name	Lindsey M. Bachman
Attorney Docket Number	8324-2

Total Number of Pages in this Submission

39

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached see PTO-2038 form	<input checked="" type="checkbox"/> Drawing(s) - 2 sheets red-marked; 2 sheets formal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, and Correspondence Address Form	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request - 1 month	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Additional Enclosure (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Substitute Specification.
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	<i>James M. Durlacher</i>
Date	August 14, 2006

## Certificate of Mailing

I hereby certify that this correspondence is being mailed via First Class Mail to the United States Patent and Trademark Office, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: August 14, 2006

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Signature	<i>James M. Durlacher</i>	Date	August 14, 2006

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**

AUG 18 2006

**Complete if Known**

Application Number	10/540,786
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☒ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$65.00)

**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments.

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility		300		500		200	0
Design		200		100		130	
Plant		200		300		160	
Reissue		300		500		600	
Provisional		200		0		0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)  
 Each independent claim over 3 (including Reissues)  
 Multiple dependent claims

Small Entity	Fee (\$)
	50
	200
	360

**Multiple Dependent Claims**

Fee (\$)	Fee Paid (\$)
x 360	=0

Total Claims      Extra Claims      Fee (\$)  
 \* -20 or HP = \* x 50      Fee Paid (\$)  
 HP = highest number of total claims paid for, if greater than 20

Independent Claims      Extra Claims      Fee (\$)  
 \* -3 or HP = 0 x 200      Fee Paid (\$)  
 HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

Total Sheets      Extra Sheets      Number of each additional 50 or fraction thereof      Fee (\$)  
 -100 = /50 = (round up to a whole number) x      Fee Paid (\$)  
 0

**4. OTHER FEE(S)**

Fee for 1 month extension of time/small entity      Fee Paid (\$)  
 65.00

**SUBMITTED BY**

Signature	James M. Durlacher	Registration No. (Attorney/Agent)	28,840	Telephone	(317) 634-3456
Name (Print/Type)	James M. Durlacher	Date	August 14, 2006		

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on: **August 14, 2006**

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Date	August 14, 2006

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